

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10-567,474

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	①		1			
6	①		1			
7	①		1			
8	①		1			
9	①		1			
10	1		1			
11	1		1			
12	2		1			
13	①		1			
14	①		1			
15	①		1			
16	①		1			
17	①		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	18	←	15	←		←
TOTAL CLAIMS	20	[QR]	17	[QR]		[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[QR]		[QR]		[QR]